

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Eyton Sanders
14393 Washington Blvd
University Heights, OH 44118

ASSET FORFEITURE

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

HERBERT A. 3-28-13

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 1680 0001 8448 3177

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 4:13CV00502 CAS FILED
DEFENDANT \$88,267.00 U.S. Currency		TYPE OF PROCESS Complaint & Notice APR - 4 2013
SERVE ↓ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Eyton Sanders	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 14393 Washington Boulevard, University Heights, OH 44118-4676	

U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

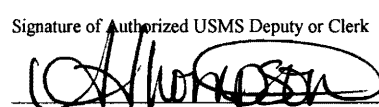
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
Attn: Milton C. McDaniel; Asset Forfeiture Unit Office of the United States Attorney 111 South Tenth Street, 20th Floor St. Louis, Missouri 63102	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

13-DEA-574283

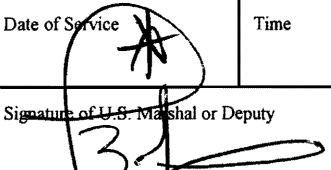
Signature of Attorney or other Originator requesting service on behalf of: /s/ Julia M. Wright	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 314/539-7740	DATE March 22, 2013
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. <u>1</u>	District of Origin No. <u>44</u>	District to Serve No. <u>44</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>3/22/2013</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)				Date of Service <u>3/22/2013</u>	Time am pm	
				Signature of U.S. Marshal or Deputy 		
Service Fee \$55.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges \$55.00	Advance Deposits	Amount Owed to US Marshal or \$55.00	Amount or Refund

REMARKS:

*

03/22/2013 Mailed Certified, Cert No: 7009 1680 0001 8448 3177

PRIOR EDITIONS MAY
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☒ USMS RECORD

☐ NOTICE OF SERVICE

☐ BILLING STATEMENT

☐ ACKNOWLEDGMENT OF RECEIPT